

CLAIMS ONLY							Application Number <b>10/634997</b>		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
<del>1</del>										
<del>2</del>										
<del>3</del>										
<del>4</del>										
<del>5</del>										
<del>6</del>										
<del>7</del>										
<del>8</del>										
<del>9</del>										
<del>10</del>										
<del>11</del>										
<del>12</del>										
<del>13</del>										
<del>14</del>										
<del>15</del>										
<del>16</del>										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										
51										
52										
53										
54										
55										
56										
57										
58										
59										
60										
61										
62										
63										
64										
65										
66										
67										
68										
69										
70										
71										
72										
73										
74										
75										
76										
77										
78										
79										
80										
81										
82										
83										
84										
85										
86										
87										
88										
89										
90										
91										
92										
93										
94										
95										
96										
97										
98										
99										
100										
Total										
Indep	3									
Total										
Depend	7									
Total										
Claims	10									